

Community Health Needs Assessment

2021

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Overview

Abstract

Rutland Regional Medical Center (RRMC) has a long history of caring for the surrounding community through a variety of methods. Since 2000, RRMC has conducted a Community Health Needs Assessment (CHNA), which has prioritized the community’s efforts in partnership with the hospital to improve the health and well-being of area residents.

The assessment is completed and published on a three-year cycle with continual collaborative effort to address the health areas of greatest need within our community. With the aim of tracking progress, the process of collecting data and working in concert with partners to understand and serve our community continues to be in the forefront of this work. With the arrival of COVID-19 and social unrest, our community, like many others, witnessed unprecedented numbers of individuals and families seeking assistance. This data has led the CHNA Core Team to keep the same priority areas identified in 2018. This assessment includes statistical data, survey data from community leaders and medical providers, and focus group data to help further define needs in each area.

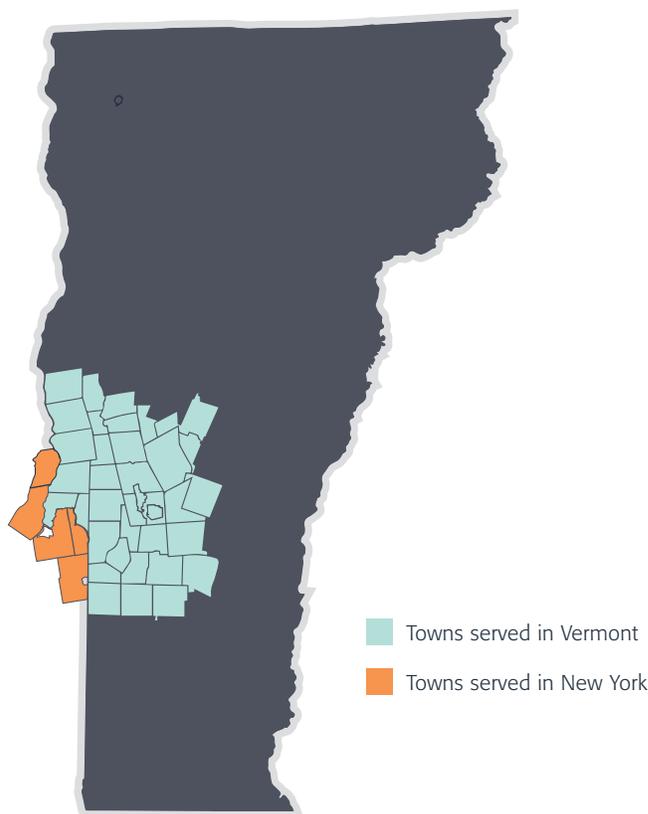
Community Served by Hospital Facility

Rutland County is the second largest county in Vermont and is home to the third largest municipality in the state. The county encompasses 933 square miles and comprises 27 small towns, with Rutland City acting as the county-wide hub for services. RRMC is Vermont’s largest community hospital and provides:

- Emergency
- Inpatient
- Psychiatric
- Surgical
- Specialty care

Different agencies define the hospital service area with slightly different parameters. For the purpose of the CHNA, the community service area includes Rutland County, several towns to the north and south of the county, and adjacent towns in Washington County, New York (Figure 1). A complete list of towns included in the service area can be found in APPENDIX A.

FIGURE 1 COMMUNITY SERVICE AREA





Our Region



Description of Rutland County

The Rutland region is predominantly rural and noted for its beautiful natural areas, peppered with idyllic small towns and villages. Geographically located in south central Vermont with world-renowned Killington Resort at the eastern edge and a popular Lakes Region to the west, Rutland County is abundant with tourism, and recreational opportunities. Additionally, manufacturing, engineering, higher education, retail, health care, agriculture, and utility corporations are large employers and contributors to the social and economic fabric of our county.

Rutland City is the most populated area in the county and third largest municipality in Vermont. It is conveniently located in the middle of the county, where the majority of services and many employers are located. There are five supervisory unions with a total of 37 public schools and three private religious schools throughout the area. Rutland County has an average household income of \$56,139 (US Census Bureau, 2019) and a child poverty rate of 14% (County Health Rankings & Roadmaps, 2021). While the United Health Foundation rated Vermont as the healthiest state in 2019 because of low violent crime and uninsured rates, Rutland County ranks 10th out of 14 counties in the state for Health Outcomes and Behaviors (County Health Rankings & Roadmaps, 2021).

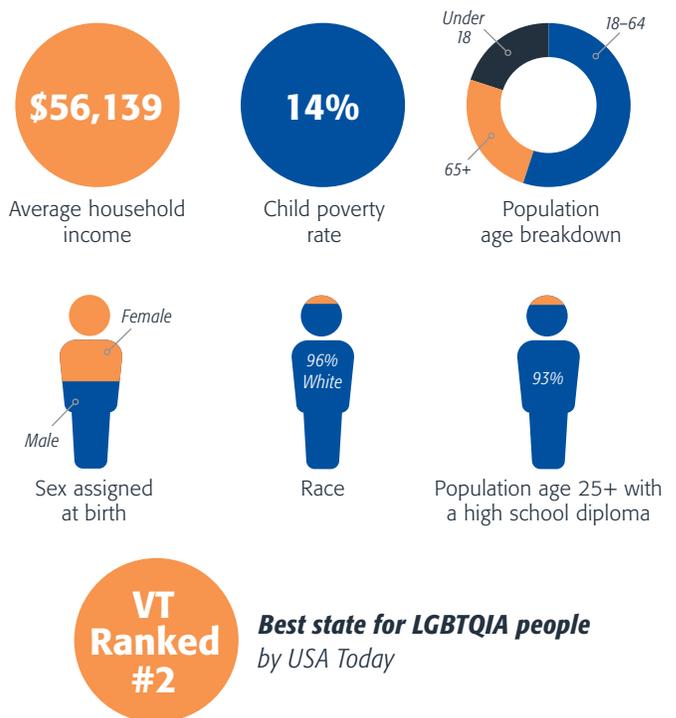
Demographic Trends

Like much of Vermont, the Rutland region has been experiencing a downward trend in population growth. This trend has affected every town in Rutland County, with the US Census estimating an over 5% population decline in the last 10 years. Age group estimates over the last 10 years have revealed that the population of people aged 60+ is increasing, while the population of school-age children continues to decline. In Rutland County, almost a quarter of the population is aged 65+, while less than 20% are children under the age of 18. According to the Vermont Department of Health (VDH), the population of Rutland County has dropped by 4,000 residents since 2008. The VDH estimated in 2013 that by 2030 Rutland County's population of people aged 70+ would increase by 114% (Jones & Schwarz, 2013).

What does the Health Outcomes and Behaviors ranking mean? *Health Behaviors* are actions individuals take that affect their health. They include actions that lead to improving health, such as eating well and being physically active, and/or actions that increase one's risk of disease.

Health Outcomes represent how healthy a community is right now. They reflect the physical and mental well-being of residents through measures representing not only the length of life but also the quality of life.

FIGURE 2 RUTLAND COUNTY AT A GLANCE



The demographic makeup of Rutland County is predominately White (96%), with a 50-50 split between male and female (US Census Bureau, 2019). This sex ratio comes from survey data of the sex assigned at birth based on biological attributes. It does not account for non-binary, intersex, or other gender identities existing outside of the male-female binary. This statistic would likely have been subject to change had additional identities been presented as survey options.

While we do not have county-level data on gender identity or sexual orientation, according to a UCLA Williams Poll conducted in 2019, 5.2% of Vermont’s population identified as LGBTQIA (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex,

Asexual), with only five other states reporting higher rates. Vermont’s nondiscrimination laws combined with inclusive health-care options, pride center, coalitions, and networks throughout the state make Vermont the 2nd best state for LGBTQIA people (USA Today, 2020).

Educational attainment in Rutland County varies when looking at levels of education. The percentage of people 25 and over with a high school diploma is 93%, higher than national levels. Rates of educational attainment beyond high school slow. 31% of Rutland County residents 25 and older have a bachelor’s degree, compared to the state average of 38%.

FIGURE 3 RUTLAND COUNTY POPULATION BY RACE

Vermont Population by Race and Hispanic or Latino Origin (US Census Bureau, 2019)	Rutland County %
White alone	96.4
Black or African American alone	0.7
American Indian or Alaska Native alone	0.3
Asian alone	1.0
Native Hawaiian and other Pacific Islander alone	<0.5
Two or more Races	1.5
Hispanic or Latino	1.6

Health Equity

The Vermont Department of Health explains Health Equity as existing...

“**...when all people have a fair and just opportunity to be healthy—especially those who have experienced socioeconomic disadvantage, historical injustice, and other avoidable systemic inequalities that are often associated with social categories of race, gender, ethnicity, social position, sexual orientation, and disability.”**

(VERMONT DEPARTMENT OF HEALTH, 2018, PG. 2)

Examining state and local health data as well as actively listening to the needs of communities who have inequitable opportunities to be healthy will provide a better understanding of how we can improve the health of residents who are routinely left out or left behind.

Examples of groups that are impacted by health inequities:

- People with disabilities
- People with low socioeconomic status
- LGBTQIA people
- BIPOC (Black, Indigenous, and People of Color)

For people living within more than one of these groups, the inequity gap can be even wider. The Centers for Disease Control lists discrimination and lack of access to health care as factors that contribute to poor health outcomes. Yet these two factors are often analogous. Access to health care encompasses much more than just transportation barriers. Rather,



Access requires gaining entry into the health-care system, getting access to sites of care where patients can receive needed services, and finding providers who meet the needs of patients and with whom patients can develop a relationship based on mutual communication and trust.”

(National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Committee on Healthcare Utilization and Adults with Disabilities, 2018.)

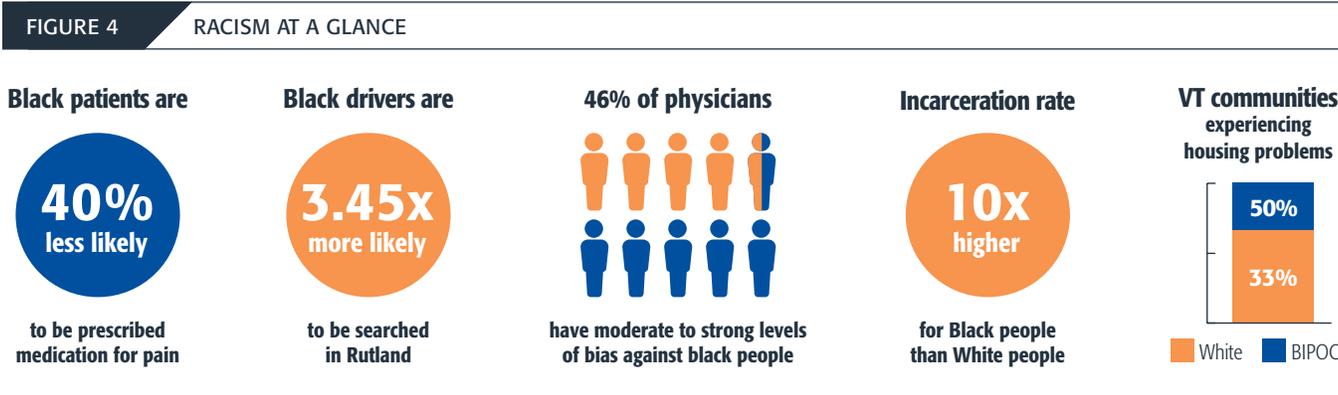
Within these dimensions of accessibility lies an ongoing history of racism and discrimination. In a 2015 systematic review of implicit bias among health care professionals, 46% of physicians had moderate to strong levels of bias against Black people, that is 4.6 out of 10 physicians (Hall et al., 2015)(Figure 4). The study also noted that such bias is significantly related to treatment decisions and poor health outcomes (Hall et al., 2015). Such discrimination directly impacts the level of care that these groups receive, resulting in a lack of access.

BIPOC communities are historically and continuously discriminated against by the health-care system every day. Providers are less likely to deliver the same quality

of care to Black patients as they would their White counterparts. This is due to both:

- **Explicit racism in the health-care system** (the conscious demonstration of racist attitudes and beliefs towards patients), and
- **Implicit racism** (the unconscious biases and beliefs of providers towards BIPOC patients, existing without ill-will or any self-aware prejudices)

The National Academy of Medicine found that racial and ethnic minorities receive lower-quality health care than White people—even when insurance status, income, age, and severity of conditions are comparable (Bridges, 2018, 19-20). Additionally, medical symptoms and pain expressed by Black patients, particularly Black women, are often neglected or perceived as exaggerated. This bias has created mistrust in medical care as BIPOC patients are treated differently than White patients. For example, a 2019 study in the American Journal of Emergency Medicine found that on average Black patients are 40% less likely to receive medication for acute pain in Emergency Departments, compared to White patients (Lee et al., 2019, 1770-1777) (Figure 4). Furthermore their very lives are disproportionately at risk due to the acute systemic discrimination within health-care entities and providers. For example, Black women are three times more likely to die after giving birth than White women in the United States. These disparities were particularly exacerbated and revealed by the COVID-19 pandemic, during which BIPOC individuals were more exposed to the virus and therefore more at risk for contracting COVID-19 and susceptible to death due to underlying conditions (Centers for Disease Control, 2021).



Discrimination combined with lack of representation of BIPOC providers makes accessing trusted health care even more challenging. Even if health care is available, for people who are victims of racial discrimination, it may not be accessible or safe. Historical incidents such as the infamous Tuskegee Syphilis Study (Centers for Disease Control and Prevention, 2021) perpetuate fear and distrust (Powell et. al., 2019, 102-117) among BIPOC patients, who furthermore report that clinicians do not treat them with dignity or respect (Washington, 2021).

Institutional racism has been spotlighted in recent events in our country and region. This crisis is finally being acknowledged as a public health emergency and discussed by people other than those who are impacted by, live in, and experience racism. VPR Rural Life Survey found that 78% of respondents acknowledge that Vermont law enforcement exhibits racism at some level. A study conducted by UVM that looked at 800,000 traffic stops over six years found that Black drivers were more likely to be stopped and searched than White drivers, even though searches of Black drivers' vehicles had a lower rate of finding contraband (Sequino et al., 2021, pg. 3). The study found that in Rutland, Black drivers were 3.45 times more likely to be searched than White drivers. Such racial disparities in police encounters are representative of disparities throughout all areas of the criminal justice system in Vermont. Vermont was noted by the Sentencing Project as having the worst rate in the nation of adult Black male imprisonment: 1 in 14 (Nellis & The Sentencing Project, 2016, pg. 5). The incarceration rate is ten times as high for Black people as for White people in Vermont (Figure 4). Vera Institute of Justice reported in 2019 that 10% of people in Vermont jails and prisons are Black, even though Black Vermonters comprise just 1% of the population (The Vera Institute of Justice, 2019). Vermont may have progressive policies, but it is still the second-Whitest state in the country. In this context of institutional racism and inequality, Black people are leaving Vermont because they do not feel safe or protected (Cotton, 2021). In the last year, the State of Vermont Human Rights Commission has filed several reports of Law Enforcement endangering the lives of the BIPOC community because of racism (Galloway & Keays, 2021) (Vermont Public Radio, 2021) (Cotton & Keays, 2021).

In 2020, the Vermont Housing Finance Agency illustrated that White households fare better on average than all other non-White households in every housing metric, including homeownership, household income, and homelessness. The same report indicates that one third of White households have housing problems, whereas around one half of all Black, Asian, or Indigenous households experience housing problems (Vermont Housing Finance Agency, 2020). Additionally, Black and non-White individuals are homeless at disproportionate rates. The 2019 Point In Time Count identified that 15% of homeless individuals in Vermont were non-White, 8% of which were Black (Figure 4). The January 2021 Report of the Executive Director of Racial Equity further explains that while



The number of people living in poverty is higher for white Vermonters than for Vermonters of color, the rate of poverty for Vermonters of color is significantly higher than it is for white Vermonters.” (Davis, esq., 2021, pg. 14).

Lack of housing, inadequate housing, and/or poor housing conditions have a direct impact on individual health (Office of Disease Prevention and Health Promotion, 2020). Consequently, non-White and low-income households' health is disproportionately affected.

Health equity is also a challenge for people living with disabilities. The 2018 Vermont Behavioral Risk Surveillance System identified that 24% of adults in Vermont were living with a disability. At 30%, Rutland County ranked as one of three counties with a significantly higher rate of people living with disabilities (Figure 5).

FIGURE 5 ADULTS WITH DISABILITIES IN VERMONT

Adults living with a disability

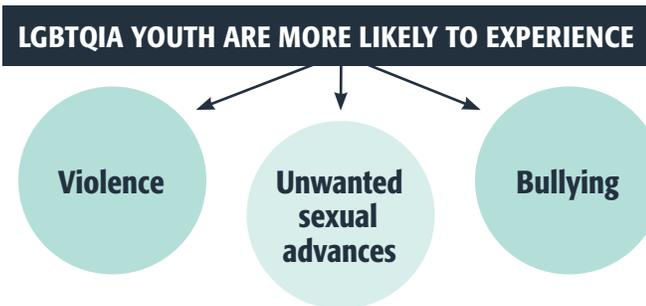


2.5x
more likely

Vermont Rutland County

to skip or delay health care because of cost

The same report found that people with disabilities who are also living in a lower socioeconomic class and/or with less education are more likely to have a chronic disease or suffer from depression, and are five times more likely to consider suicide (Vermont Department of Health, 2018, pg. 4-5). Adults in wheelchairs and with other physical limitations also face the challenge of accessing providers with medical equipment including exam tables, X-ray equipment, scales, and exam chairs that can accommodate them. Additionally, people with disabilities are 2.5 times more likely to report skipping or delaying health care because of cost. This is due to the heightened medical costs incurred by people living with a disability and the systemic economic disadvantages of being disabled.



People in Vermont who identify as LGBTQIA (Lesbian, Gay, Bi-Sexual, Transgender, Queer/Questioning, Intersex, Asexual) also face health disparities as a result of health inequity. The Youth Risk Behavior Survey of 2019 illustrates that youth who identify as LGBTQIA are more likely than their heterosexual counterparts to experience violence, unwanted sexual advances, and bullying in school (The Icelandic Center for Social Research and Analysis, 2021). The added stigma, discrimination, and victimization against LGBTQIA youth and adults often result in higher rates of risky behavior, including impaired driving, substance use, and unprotected sex, compared to heterosexual/cisgender peers. Without resources and support to promote health equity among LGBTQIA youth, these negative health outcomes can result in social and economic barriers that may be carried into adulthood.

In Vermont, LGBTQIA adults are more likely to (UCLA School of Law Williams Institute, 2019):

- Be unemployed
- Make less money
- Experience food insecurity

While Vermont has some of the most LGBTQIA-inclusive policies in the country, the LGBTQIA community is still disproportionately affected by health inequity.

Data clearly illustrate the short- and long-term health impacts of health inequities for a variety of people in our community. Using this data to understand how, where, and why we as a community can improve aligns with Vermont Department of Health and statewide goals. In addition, listening and working with people from diverse backgrounds to address these issues will **be beneficial not only** for those affected by health inequities but also for all Vermonters. With the passing of legislation to establish a Health Equity Advisory Commission and ultimately an Office of Health Equity, we will see guidance and funding to address health inequities outlined above. While we wait, local-level action is needed. County-level action is needed to address systems of care, awareness, and representation of distinct populations to promote health equity in our work.



Living in Rutland County

For many residents, living in Rutland County allows for enjoyment of the outdoors in every season. There are many wonderful aspects to living in this region, such as access to an abundance of green spaces, farms, entertainment, and higher education opportunities. However, there are disadvantages to living in our rural green spaces: broadband internet services, transportation, and housing are often challenging. The County has strong ties with higher education; however, two private colleges have closed in the last two years due to low enrollment, and our underfunded State College system is also experiencing challenges.

Reliable Internet

Reliable internet access is not always easy to find in Rutland County. As in many places in the US, towns and cities typically have access to fast, reliable services; as you go farther out into rural areas, that access declines or disappears. An assessment conducted at the request of the Vermont State Legislature found that 61,000 Vermonters did not have adequate access to broadband internet (ctc Technology & Energy & Rural Innovation Strategies Inc., 2020, pg. 35). Additionally, the study reported that around 20,000 Vermonters were unable to afford reliable access that would allow for telehealth, job searches, or online schooling/remote work.

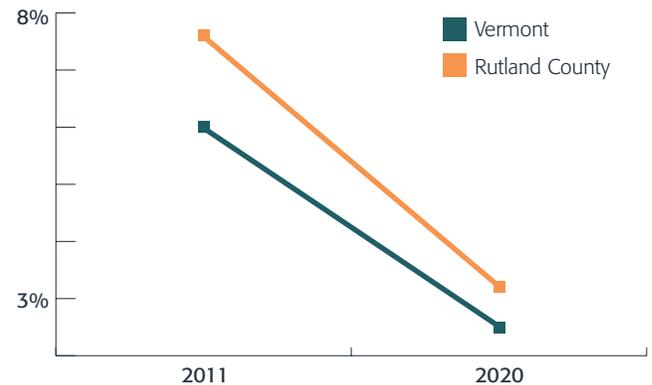
Unemployment

Unemployment rates in the United States had been steadily declining since 2011 until the onset of the pandemic (U.S. Bureau of Labor Statistics, 2021). Vermont rates mirrored that trend, declining from 6% in 2011 to 2.5% at the beginning of 2020 (U.S. Bureau of Labor Statistics, 2021). Rutland County trends also showed a decline over the same period, but with slightly higher numbers than the state rates: from 7.6% in January 2011 to 3.2% in January 2020 (FRED Economic Data, 2021) (Figure 6).

As COVID-19 hit our state and county, those numbers jumped to reflect the sudden halt of business and tourism in Vermont. Additionally, research shows that over the last four decades there has been a redistribution of income in Vermont. Half of all Vermont income was

made in the hands of the top 20%, while average income was down by more than 7% for the bottom 20% of earners (Public Assets Institute, 2020, pg. 4).

FIGURE 6 UNEMPLOYMENT RATES IN VERMONT



Poverty

According to VT Insights, in 2018, just over 10% of Rutland County's population lived in households under the 100% federal poverty level (Vermont Insights, 2019). The "State of Working Vermont 2020" report illustrates the wave of poverty that hit Vermont from the Great Recession in 2007-2009 (Public Assets Institute, 2020, pg. 9). The same report also shows that our poverty rates were not any different in 2019 than they were at the start of the Great Recession. The only difference is a decline in the rate of children living in poverty. The report also shows that Black Vermonters had the highest poverty rate in the state. Poverty has direct ties to poor health outcomes, such as increased risks of mental health issues and chronic disease, higher mortality rates, and lower life expectancies (Office of Disease Prevention and Health Promotion, 2020).

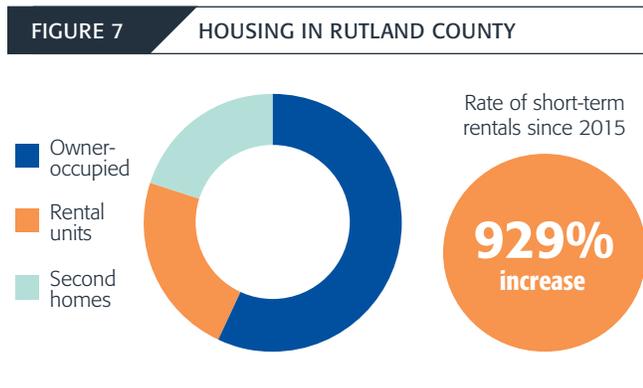
Access to Food

Vermont has a rich agricultural history, and in 2017 it was reported that one fifth of our 6-million-acre state was agricultural land (Census of Agriculture & USDA, 2017). Rutland County had 614 farms, ranking fourth in the state. Dairy, maple syrup, apples, and meat are common products in Vermont (Vermont Agency of Agriculture, Food & Markets and Farm to Plate, 2020). While our state and area are noted for fresh foods,

we still see discrepancies in food access. Areas of low income and low access have been identified both in Rutland City and on the eastern edge of the county (USDA, 2015). County Health Rankings reported that 5% of our low-income population did not live near a grocery store and 12% of that population did not have access to a reliable food source, labeling them food insecure (County Health Rankings & Roadmaps, 2020). Additionally, 46% of school-age children were eligible for free and reduced lunches and the VDH showed that 81% of adolescents in grades 9-12 did not eat the recommended number of servings of fruits and vegetables (Vermont Department of Health, 2017). Lastly, in 2019, a statewide report showed that nearly 70,000 Vermonters received federal food aid (Public Assets Institute, 2020, pg. 10).

Housing

Housing in Rutland County continues to be a challenge on multiple levels, from affordability to safety and availability for both rentals and sales. According to the 2020 Vermont Housing Needs Assessment, Rutland County had 57% owner-occupied homes, 23% rental units, and 20% second homes (pg. 19); short-term rentals had increased by 929% since 2015 (pg. 21) (Figure 7). Rutland County also holds the oldest housing stock in the state, with the median home built in 1969 (pg. 33). There are major health concerns related to older homes, as homes built before 1978 are likely to have lead paint, and homes built before 1980 may have asbestos, which is difficult to remove. Older houses are also less efficient, creating higher heating costs (Vermont Housing Finance Agency, 2020).

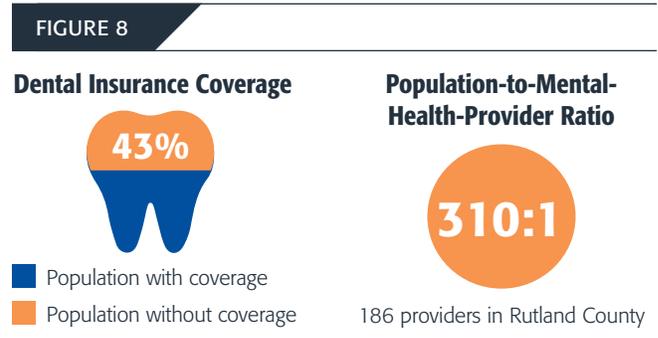


Health Outcomes

Health outcomes can be defined as changes in health that are a result of specific health-care investments or interventions. Several investments in our community include access to medical insurance, health care, and disease management. Rutland County is associated with the Accountable Care Organization, which works to improve the health of Vermonters and lower health-care costs and is home to many non-profit and community agencies working to improve the health of residents.

According to the County Health Rankings in 2017, the rate of people without medical insurance had decreased to 6% from 11% in 2008. The Vermont Department of Health, however, also specifies the number of people who are under-insured which plays a role in access to care. The VDH 2018 Health Assessment states that 27% of people under 65 with private insurance in Vermont were under-insured because of high deductible plans, uncovered care, or both. On a positive note, 99% of children in Vermont have health insurance.

The primary care ratio is high compared to that of other counties in Vermont, with 1330 people to one provider. Only four other counties have higher ratios, and those counties are much more rural. Access to dental care is also a concern: it is estimated that only 57% of the population (Vermont Department of Health, 2018, pg. 64) has dental insurance (Figure 8). Lastly, access to mental health care has also been seen as a barrier to overall health. The population-to-mental-health-provider ratio in 2020 was 310:1, with only 186 providers in the county (County Health Rankings & Roadmaps, 2021) (Figure 8).



In 2019 Rutland Regional Medical Center and Community Health Centers of Rutland joined OneCare VT's Accountable Care Organization (ACO) to be at the forefront of healthcare reform. An ACO is a group of doctors, hospitals, and other health care providers who voluntarily work together to give coordinated high-quality care to their patients. The strategy is to transition away from a fee-for-service model and adopt a value-based care approach. A value-based approach to healthcare rewards health care providers with incentive payments for the quality of care they give. These programs are part of a larger quality strategy to reform how health care is delivered and paid for to improve health outcomes and lower the total costs.

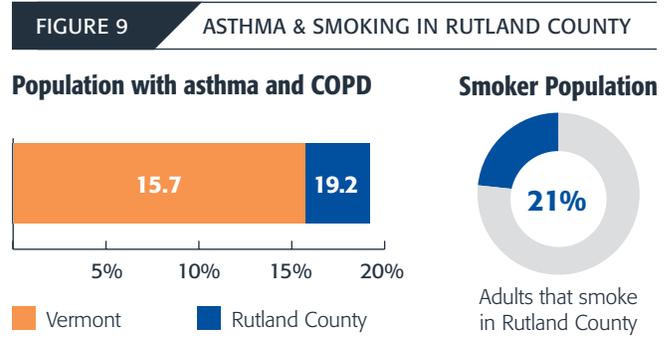
Health Behaviors

Health behaviors studies examine how individual actions can impact both short- and long-term health. Health behaviors can be influenced positively or negatively by a variety of factors, including personal biology or psychology, physical and social environments, as well as organizational/institutional policies. The 3-4-50 rule—three behaviors lead to four chronic diseases that claim the lives of more than 50% of Vermonters each year—gives us an understanding of the impact of health behaviors on long-term health (Vermont Department of Health, 2021).



The Department of Health Behavioral Risk Factor Surveillance System Rutland County Profile illustrates the disease prevalence for adults in our community. The profile shows Rutland with a statistically significant number of people with asthma and COPD (19.2%) compared to the state rate (15.7%) (Figure 9). Additionally, our rates for cardiovascular disease, cancer, and diabetes are all above the state rate (Vermont Department of Health, 2018). In addition, the VDH illustrates that the majority of Rutland County residents

do not meet daily aerobic exercise recommendations and that 21% of adults smoke cigarettes (Figure 9). These are two behaviors that contribute to poor health outcomes, such as cardiovascular disease.



The VDH also indicates that hypertension, arthritis, and obesity (age 20+) rates in Rutland County are all statistically significant when compared to state rates. Depressive disorder, falls in older Vermonters, skin cancer, and asthma rates are also trending in the wrong direction as we look at overall community health (Vermont Department of Health, 2018).

The latest Cancer Stats published by the VDH in 2018 show that Rutland County has the same rates as the state for breast and cervical cancer screenings, but that, at 67%, we are below the state rate of 72% for colorectal cancer screening (Vermont Department of Health, 2018). According to the same report, Rutland County has a significantly higher rate of advanced-stage lung and bronchus cancer and tobacco-related cancers than the state does. This may be associated with our high rate of tobacco use (County Health Rankings & Roadmap, 2021).

In addition, there is evidence of a link between adverse childhood experiences (ACEs) and early onset of chronic disease (Sonu et al., 2019). Research is providing sufficient evidence that the prevention of childhood trauma (Centers for Disease Control and Prevention, 2019) could impact health care costs related to chronic disease in the future (Crawford & American Academy of Family Physicians, 2019).

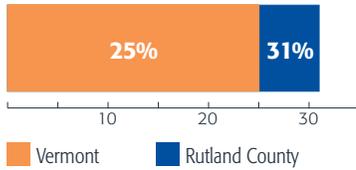
The County Rankings note that adult obesity, physical inactivity, alcohol-impaired deaths, and sexually transmitted diseases are trending upward. In addition, our violent crime rate, while still well below the national average, has hovered above the state rate since 2011 (County Health Rankings & Roadmaps, 2021).

2021 Health of Rutland County

HIGHLIGHTS: HEALTH BEHAVIORS/FACTORS

Source: Vermont Department of Health Behavioral Risk Factor Surveillance System 2018

Hypertension in adults

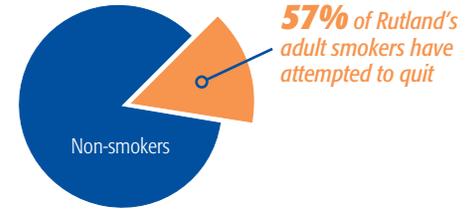


2 out of 10 adults report poor to fair health



This rate is significantly higher than VT overall

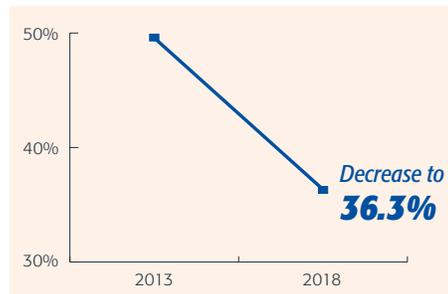
18% of Rutland adults smoke cigarettes



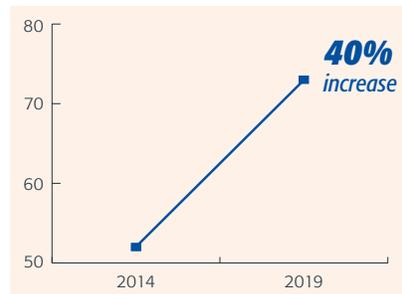
HIGHLIGHTS: CHILDREN AND FAMILIES

Source: Building Bright Futures, Rutland County Profiles 2020 and Annie E. Casey Foundation, Kids Count Data Center, 2019

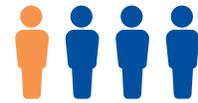
Children under 6 living in poverty



Children under 9 in out-of-home custody



1 in 4 children receive SNAP benefits



HIGHLIGHTS: COMMUNITY INDICATORS

Source: Community Action Partnership Report, 2020

Rutland households in poverty: 1 in 10



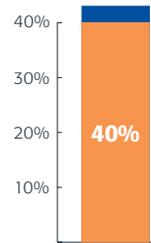
Residential vacancy



National average is 2.4%

Residential food insecure population ineligible for assistance

Rutland population
Rutland children



HIGHLIGHTS: CANCER STATISTICS

Source: Vermont Department of Health Rutland County Cancer Fact Sheet 2018

Lung cancer incidence rate

233:100,000 vs 193:100,000

Rutland

Vermont

Tobacco related cancer rate

189:100,000 vs 168:100,000

Rutland

Vermont

HIGHLIGHTS: ACCESS TO TECHNOLOGY

Source: <https://broadbandnow.com/Vermont>, 2021

Vermonters with access to low-price broadband plans:

1.1%

Vermont ranks 46th in the US for broadband access

COVID Numbers

INCREASES SINCE THE PANDEMIC BEGAN

+150%

Food insecurity has gone from 1 in 10 Vermonters to 1 in 4

+115%

Kids waiting for mental health treatment at RRMHC in last year

+38%

Number of people experiencing homelessness in Rutland County

3,160

Meals distributed in Rutland every week by Everyone Eats

Sources:

Homeless Prevention Center, Trending Data, Provided 1/2021

Everyone Eats, Provided 8/2021

B. Geery, Everyone Eats Brings Hope to Vermonters, Mountain Times, 4/2021

E. Cotton, Rutland Mental Health Lands \$600,000 for Pilot Program, VTDigger, 6/2021

COVID-19 Impact

As in most of the country and world, COVID-19 has demanded that our community change how we operate, behave, and interact with each other. While Vermont's response started slowly, the efforts taken by the state and people of Vermont have kept infection rates low and the death rate the lowest in the contiguous United States. However, the ripple effects of isolation, economic downturn, reliance on technology, and scarcity of resources have had a major impact on the health of Rutland County residents.

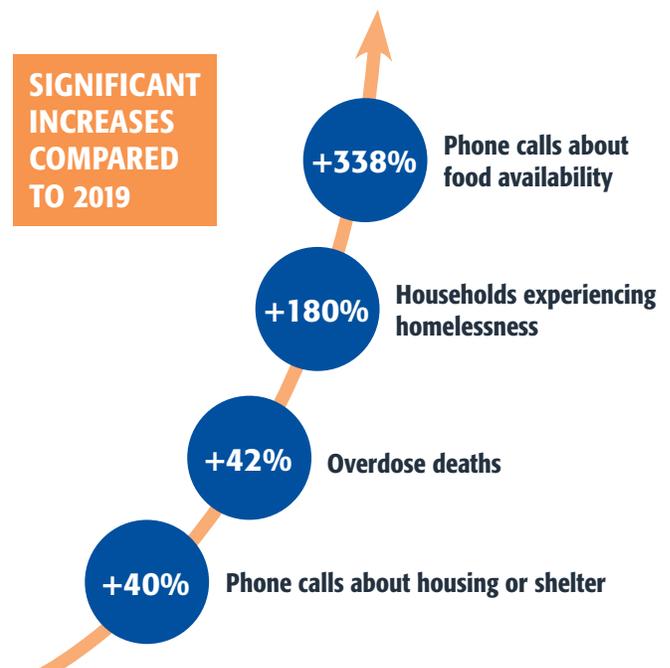
As the pandemic has gone on for over a year, we have seen an increase in unemployment, homelessness, food insecurity, mental health crisis, reports of neglect and abuse of children, overdose rates, and alcohol consumption (Figure 10). Our statewide information and referral system, Vermont 2-1-1 has shown a 338% increase in people calling about food availability compared to 2019. In addition, there has been a 40% increase in people calling about housing or shelter. Our December 2020 unemployment rate of 3.5% was higher than the statewide rate and only three other areas in Vermont had higher rates (State of Vermont Department of Labor & Barewicz, 2021).

Food insecurity has been exacerbated by job loss and furloughs. A survey conducted by UVM in the early months of COVID-19 revealed a 24% increase in Vermont's food insecure population (Wakefield, 2020). The survey also found that people will often buy cheaper food or skip meals in order to manage their personal budget shortfalls. Our local food shelves report feeding more individuals and families than in past years.

Housing was another issue that was exacerbated during the pandemic. Our local Homeless Prevention Center experienced an approximately 180% increase in households experiencing homelessness compared to the average of the previous two years.

In addition, housing homeless individuals and families in local hotels was a short-term solution. Due to the housing shortage, many people have nowhere to go (Daugherty, Trombly, 2021).

FIGURE 10 IMPACT OF COVID-19 IN RUTLAND COUNTY



In March 2020, all schools switched to remote learning which was a challenging feat for both teachers and students. The following Fall, each school district approached pandemic precautions differently and the vast differences in school operations across districts created tough decisions for parents and students, teachers, and school administrators. Isolation, mental health, safety, access to technology, and falling behind in learning were being discussed as concerns for our youth. The Vermont Youth Project¹ surveyed all 7th-12th graders in two school districts in Rutland County specifically about COVID impacts. When asked how COVID had impacted their mental health, 44% of respondents indicated their mental health was a bit or a lot worse (The Icelandic Center for Social Research and Analysis, 2021).

There have also been multiple reports of the isolation our older Vermonters have faced and the toll it has taken on their mental and physical health. Research suggests that lack of social connections can increase mortality (Holt-Lunstad et al., 2010), a fact many family members have seen during the pandemic. A VTDigger article published in January of 2021 tells the stories of several older and disabled Vermonters whose

health has declined, with isolation being a key element to their health condition (Jickling, 2021). Vermont elders are not alone; this is a global trend that will have lasting impacts on health outcomes (Wu, 2020).

Drug and alcohol use has also increased since the pandemic. Rutland City had cut overdose deaths in half from 51 in 2017 to 26 in 2019 (Rutland City Overdose Dashboard Data, 12-2020). But during the pandemic there was limited access to recovery care, and with other factors like isolation, the City experienced a 42% increase in overdose deaths in 2020. Alcohol sales across the country are up, including in Vermont, but there are fewer people seeking help for alcohol addiction.

The massive impact of COVID-19 has exacerbated existing needs and widened the gap of health disparities. While Vermont leads the US in vaccination rates and a sense of normalcy is returning to our county, there will be lasting impact from COVID-19. The pandemic will have lasting ripple effects on the health of individuals and the greater community. As health disparities, inequalities in access to health care, and the growing demand for basic needs have been exposed, the urgency to change systems and address equity is overdue.



Photo courtesy of RealRutland.com



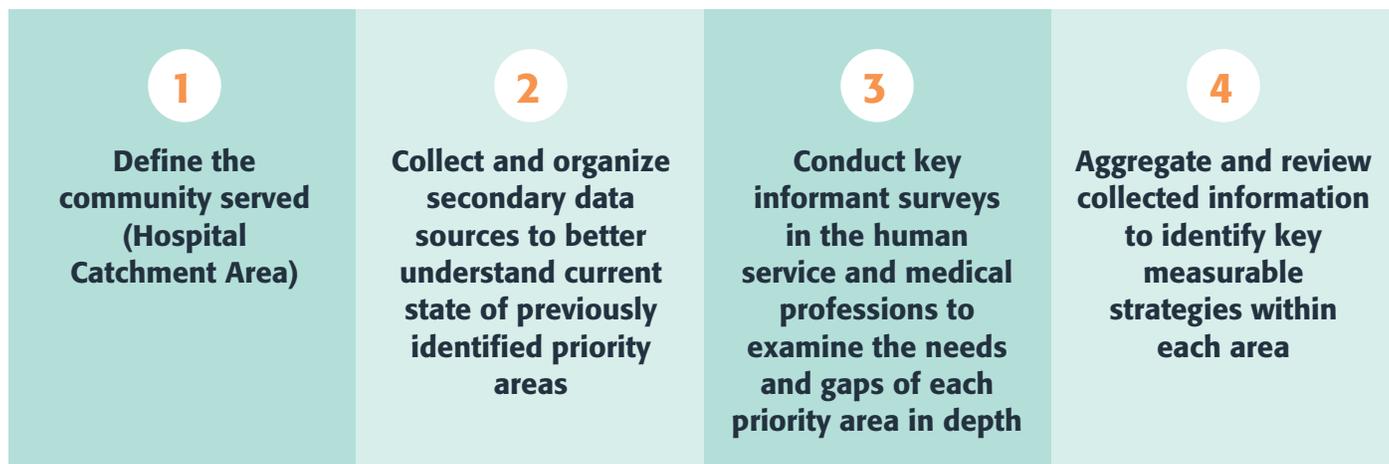
Photo courtesy of RealRutland.com

Approach



Methods/Approach

COVID-19 altered the process and methods used to conduct the CHNA. Capacity at every level within the community was strained and overwhelmed. Therefore, the following steps were used to complete the CHNA:



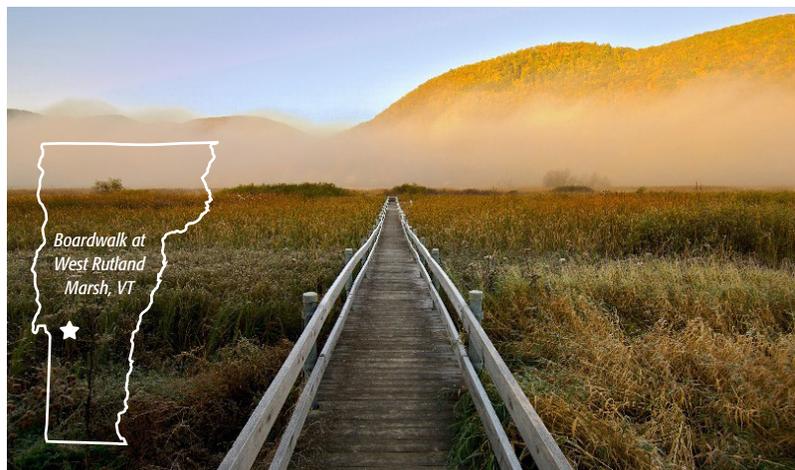
Data Collection

Secondary data sources were collected regarding the health status of populations related to four priority areas identified in the 2018 CHNA. Using local, state, and national data to better understand the trajectory of area residents supports the need to continue focusing on our four identified priority areas. (Appendix B)

One hundred community leaders were solicited for opinions related to how the four priority areas impact their consumers and our community. Participating agencies represent consumers from a variety of populations, such as the medically uninsured, people with chronic conditions, and families receiving food subsidies. Community leaders ranged from corrections to education, housing coordinators to care managers, and recreation directors to workforce organizations.

- The response rate for the key informant survey was 78%. (Survey Tool Appendix C)
- Key informant surveys for medical staff were also distributed.
- Collected information was aggregated and reviewed to identify major needs within four identified areas.

In addition to key informant surveys, existing community meetings (such as Project Vision Health Sub-Committee, Project Vision Monthly Meeting, Rutland Community Collaborative, and Housing Continuum of Care) that incorporate multiple organizations, agencies, and individuals were used to solicit information and community needs related to priority areas.

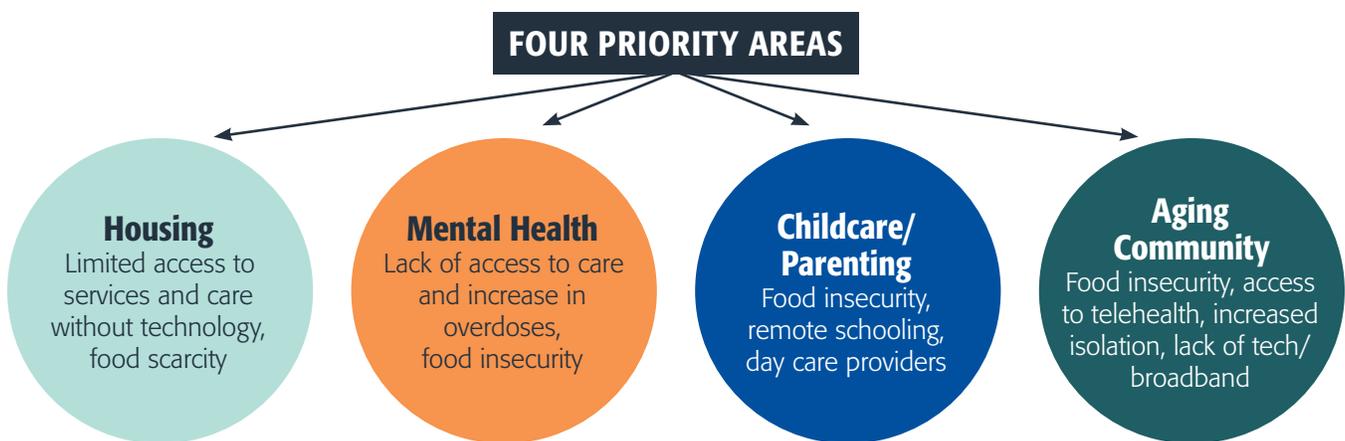


Priority Areas

In a data crosswalk conducted in December 2019, all four priority areas identified in the 2018 CHNA were still recognized as major needs within the Rutland Community and Hospital Catchment area.

Process

As COVID-19 hit our community in March 2020, all four priority areas became more concerning. Additional issues such as food security and access to technology/broadband were also identified, especially within the priority-area populations.



Surveys

The following surveys asked respondents to rate each area in relation to community need:

- ✔ Housing
- ✔ Mental Health
- ✔ Childcare & Parenting
- ✔ Supporting Aging Community

Key Informant Survey

Community leaders also identified barriers related to access to health care and accessing services. The majority of respondents recognized transportation, ease of access, affordability, and being under-insured as reasons why people do not access health care. Similarly, transportation and ease of access were also identified as reasons people do not access services, while also pointing to stigma and being unaware of services as additional barriers.

Medical Key Information Survey

Medical providers also identified transportation as a barrier to accessing health care, along with being under-insured, affordability, and health not being a priority for their patients.

Community Assets

Rutland County has an abundance of community organizations and groups that work tirelessly to address the health of our community. Community leaders overwhelmingly identified agencies and the people who do the work as our greatest community strength. The group also pointed to our area's ability to innovate and seize opportunities to help each other. While there is always room to dismantle silos within our community for better collaboration, our community has experienced the benefits of working together to address needs. We also know that collaboration alone is not enough to solve the underlying and overwhelming issues our community residents face.

Supporting health initiatives through resources and funding is a key element to making progress. There are several assets in our community that dedicate funds specifically to health related issues that align with the Community Health Needs Assessment priority areas:

Bowse Health Trust

Founded in 1997 to improve the health of residents in Rutland County. Each year, funding is allocated to approximately three new programs that focus their efforts on measurably improving health related to the identified priority areas from the CHNA.

- Each year, three \$100,000 grants are awarded and distributed over a three-year period

United Way of Rutland County

Serving the area since 1943, this local nonprofit is the largest fundraising agent for local agencies. Funds are distributed through a yearly grant process to support agencies focused on health and education.

- Granting \$320,000 per year

Our medical community is also a significant asset. ***Community Health, Rutland Mental Health, and Rutland Regional Medical Center***, among others work, alongside community partners to address needs. The strong partnerships between medical providers and with community agencies creates collaborative efforts that directly impact community health.

Rutland County has a host of dedicated people and agencies and some resources to support this important work. Our larger community is also in the early stages of recognizing the need for change at a systematic level, statewide and locally, to address health issues like housing and youth support. Altering policies and systems along with supporting programs through resources and collaboration are needed to make lasting changes.

There are multiple working groups that are currently engaged in improving the health of area residents related to identified priority areas. These groups help manage services, programming, and are beginning to address how to make system-wide changes that will benefit specific populations.

Continuum of Care

Housing

REDC/Chamber Housing Initiative

Housing

Vermont Youth Project

Childcare & Parenting

Building Bright Futures Regional Work Group

Childcare & Parenting

Rutland Community Collaborative

Mental Health, Supporting Aging Community

Project Vision

Housing, Childcare & Parenting, Mental Health, Supporting Aging Community

These groups work with a considerable number of local agencies, organizations, and individuals with the majority participating in more than one group. As many of the priority areas intersect on multiple levels, the coordination of goals and projects of each group will be shepherded by Rutland's Accountable Community for Health.



Evaluation

Evaluation of Last Community Health Needs Assessment

Rutland Regional Medical Center has acted as the leader and a partner in many initiatives to address the below priority areas over the last three years. In conjunction with the Department of Health, Community Health, Project Vision, Rutland Community Collaborative, and various other partners, significant progress has been made towards the goals of the last assessment.

Also of note is the extensive work of care managers who assist people with navigating difficult systems in order to access care. The Federally Qualified Health Center, Community Health, Rutland Regional Medical Center, and other health-care and service agencies work together to serve the most vulnerable populations in our community.

The following priority areas were identified in the 2018-2020 CHNA:

	Supporting Aging Community	Mental Health	Housing	Childcare and Parenting
GOALS	<ul style="list-style-type: none"> Increase and enhance primary care visits Decrease no-shows Decrease gaps and missed opportunities in care Increase seamless care transitions 	<ul style="list-style-type: none"> Decrease suicidality and mortality rate due to suicide Increase number of people trained in how to recognize suicide ideation 	<ul style="list-style-type: none"> Increase number of family shelter spaces Decrease housing gaps Decrease precariously housed population 	<ul style="list-style-type: none"> Increase peer support resources and mentoring supports in the community Increase well child visits Increase supports for pregnant women Increase supports for new parents
ANTICIPATED IMPACT	<ul style="list-style-type: none"> Increase self-management skills; ability to ask for specific help Improve provider knowledge on older Vermonters Reduce inappropriate utilization of services Improve access to transportation for health needs 	<ul style="list-style-type: none"> Support mobile response to mental health needs Increase outreach to the community and promotion of available services Reduce suicide rate 	<ul style="list-style-type: none"> Provide non-categorical case management Increase knowledge base of those providing direct care/support Develop communal space for people to spend time 	<ul style="list-style-type: none"> Create culture of compassion for parenting and empower people to reach out for help Promote community engagement and volunteerism to provide peer support network for parents/caregivers Build partnerships Increase opportunities for parents and children to connect with peers

Continued on next page →

Evaluation of Last CHNA *Continued*

The following priority areas were identified in the 2018-2020 Community Health Needs Assessment:

	Supporting Aging Community	Mental Health	Housing	Childcare and Parenting
PROGRESS	<p>Rutland Community Collaborative: Transitions of Care Committee Work</p> <ul style="list-style-type: none"> Decrease 30-day readmissions, loss of information between transitions of care <p>Rutland Mental Health: Caregiver Support Program*</p> <ul style="list-style-type: none"> Increase self-management skills, reduce inappropriate utilization of services <p>Community Health Team: High Utilizers</p> <ul style="list-style-type: none"> Reduce inappropriate utilization of the emergency department in vulnerable populations (including older Vermonters) 	<p>Zero Suicide Efforts in Health Care*</p> <ul style="list-style-type: none"> 285 Medical Providers were trained in the Columbia Suicide Severity Rating Scale (CSSRS) tool used to assess suicidality and eight employee partners took the Collaborative Assessment of the Management of Suicidality (CAMS) training Rutland Regional Medical Center (RRMC) and Community Health identified specific measures for data collection <p>Rutland Community Collaborative Behavioral Health Subcommittee: UMaterr Suicide Prevention Training</p> <ul style="list-style-type: none"> Six employees representing the Department of Health, RRMC, Rutland Mental Health, and Community Health, attended Train the Trainer event Four Community Gatekeeper Trainings were held with various Department of Health offices, resulting in approximately 100 employees trained RRMC: Implementing CSSRS Tool <p>Turning Point Center Rutland Region: Peer Recovery Outreach in Correctional Facilities*</p> <ul style="list-style-type: none"> Of the 113 inmates receiving peer recovery coaching, only two have re-offended following releases, demonstrating a recidivism rate of 83% below the current VT rate Supported state in creating Peer Recovery Training with corrections focus that is now offered through Vermont Recovery Coach Academy <p>Mentor Connector: Family Mentoring Program*</p> <ul style="list-style-type: none"> Increasing self-sufficiencies and support measures for families 	<p>Housing Authority and RRMC: Housing as Health Campaign</p> <ul style="list-style-type: none"> Raised \$200,000 to support bridge housing in Rutland, a facility that temporarily houses people experiencing homelessness while they secure permanent housing Increased available bridge housing in Rutland by 100% <p>Homeless Prevention Center: Housing Opportunity Grant</p> <ul style="list-style-type: none"> 97% of households working with the HPC who were at risk of homelessness remain housed Out of 12 households who received emergency shelter apartments through the HPC, nine are in permanent housing <p>Homeless Prevention Center: Multisite Care Coordination*</p> <ul style="list-style-type: none"> Providing non-categorical care management for individuals and families utilizing bridge housing and the upcoming Lincoln Place affordable housing project 	<p>Mentor Connector: Vermont Youth Project*</p> <ul style="list-style-type: none"> Yearly surveying of all 7th-12th graders conducted and analyzed by Planet Youth, Icelandic Researchers in two school districts: Rutland City and Slate Valley School Districts Monthly collaborative meetings with 60+ partners including the state agency Vermont After School <ul style="list-style-type: none"> Work groups: Parental Engagement, Youth Councils, 3rd Space Development Conducting county-wide asset mapping of youth services, programs, and activities* <p>Rutland Programs Inc., Hickory Street and Beyond Early Head Start*</p> <ul style="list-style-type: none"> Provide 38 families in Rutland County with comprehensive programming, integrated mental health services, and family/caregiver support, and engagement opportunities Open new classroom for toddlers
				* Received Funding from Bowse Health Trust

Evaluation of Last CHNA *Continued*

Over the last three years, our community has contributed time and resources to address each priority area identified in the 2018 CHNA. The projects, programs, and partnerships continue to focus efforts on tackling issues related to the overall health of our community. We have seen success come from strong collaborations and connections. The Rutland community is full of individuals, agencies, and organizations that work to move this community forward in an inclusive and compassionate way. It is home to a wealth of resources equipped to make progress and enact change for a healthier community.



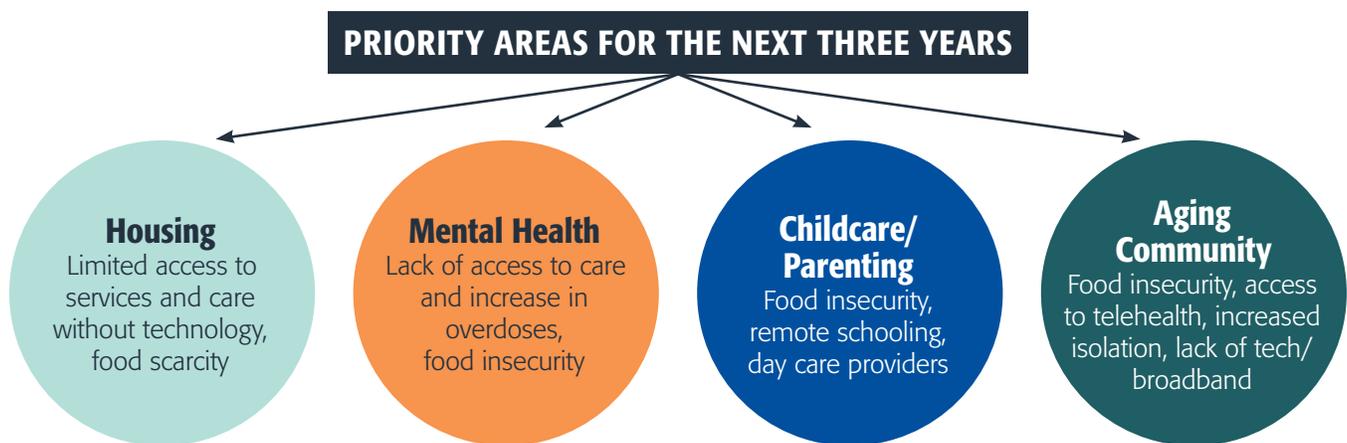


Summary

Summary

Rutland Regional Medical Center (RRMC) has been leading Community Health Needs Assessments (CHNA) since 2000. The report is completed and published on a three-year cycle. 2018 was the last completed report and was done in partnership with community members and local agencies.

With the arrival of COVID-19, our community saw the number of people and families seeking assistance rise. A review of data along with the growing need for our community informed our 2021 priority areas. The priority areas found in the prior CHNA will continue to be our focus for the next three years. The priority areas are:



Using data from local, state, and national sources has provided a broad view of health in Rutland County. It has formed a solid grasp of the health needs in our area. If we focus effort on where people live, grow, work, play, and age, we will have lasting impact on personal and collective health. As a community we can start addressing systems of care and listening to people who have the greatest need. These actions along with more input from specific groups of people will help make all of us healthier.

Next Steps: Addressing Priority Areas

In response to surveys, 80 community leaders and 35 medical providers from the Rutland region have provided expert knowledge about our area's health needs. Also, several community sessions related to the priority areas have happened. These discussions took place at existing coalition, task force, and stakeholder meetings. This allowed for a wide range of voices, experiences, and perspectives to be heard. Information from these meetings have informed how we can address the health needs in our region.

Tracking how we impact the needs found in our priority areas is the next step. The Core Team will measure goals related to each strategy outlined in the four priority areas and share the progress. Local agencies will also address the priority areas to ensure we are working towards common goals. Sharing and tracking data and information over the next three years will help show impact. This united approach will aid in our success.



Appendices

Appendix A

List of Towns and Cities in Rutland Health Service Area:

VERMONT

Benson	Mendon	Salisbury
Brandon	Middletown Springs	Shoreham
Castleton	Mount Holly	Shrewsbury
Chittenden	Mount Tabor	Stockbridge
Clarendon	Orwell	Sudbury
Cornwall	Pawlet	Tinmouth
Danby	Pittsfield	Wallingford
Fair Haven	Pittsford	Wells
Goshen	Poultney	West Haven
Hubbardton	Proctor	West Rutland
Ira	Rochester	Whiting
Killington	Rutland City	
Leicester	Rutland Town	

NEW YORK

Dresden	Hampton	Whitehall
Granville	Putnam	



Photos courtesy of RealRutland.com

Appendix B

List of Agencies Participated in Key Informant Community Leader Survey:

AHS State of Vermont
Brandon Free Public Library
BROC Community Action
Castleton Community Seniors
Castleton University
Castleton University Upward Bound
Center for Health and Learning
Community Health Pediatrics
Community Health Castleton
Community Health Mettowee
Community Health Rutland
Come Alive Outside
Community Care Network Rutland Mental Health
Community Health Team Rutland Regional Medical Center
Fair Haven Concerned Inc.
GMC Vermont Scouting
Holistic Happiness
Homeless Prevention Center
Mentor Connector
NAACP - Rutland Branch
NeighborWorks of Western Vermont
Parent-Child Center of Rutland County
Project Vision
Rutland Mental Health Services
Rutland Regional Medical Center
Rutland City Public Schools
Rutland Community Cupboard
Rutland Community Programs: HeadStart Early Care and Education
Rutland Dismas House
Rutland Free Library
Rutland High School
Rutland Housing Authority
Rutland Housing Authority/SASH
Rutland Jewish Center
Services/Community Care Network
Rutland Probation and Parole
Rutland Recreation and Parks
Rutland Regional Planning Commission
Slate Valley Trails
Slate Valley Unified School District
Southwestern Vermont Council on Aging
The Tapestry & EPIC Programs serving Rutland City Public Schools and Greater Rutland Central Supervisory Union
Turning Point Center of Rutland
UVM Extension 4-H
United Way of Rutland County
Vermont Department of Health, Local Office of Health
Vermont Department of Health, Women Infants and Children
Vermont Farmers Food Center FaBEL
Vermont Veterans Outreach Program
West Ridge Center
Wonderfeet Kids' Museum

Appendix C

Key Informant Survey Tool - View the Google Form at <https://forms.gle/wBqsafFNguEy2sd8A>

Key Informant Survey Questions

As leaders in our community, you have a unique perspective and understanding of specific populations and groups of people within Rutland County. Your knowledge and expertise about some of the most vulnerable groups and individuals is extremely important as we work to better serve members of our community. This survey is aimed to help us understand the target population your agency supports.

1. What Agency/Group are you representing?

2. What age group(s) does your agency support? (Choose all that apply)

- a. 0-5
- b. 6-11
- c. 12-24
- d. 25-64
- e. 64+
- f. Other specific age group

3. What specific group or population of people does your agency support? (Open ended)

4. From your experience what are the three main reasons your consumers do not access health care?

- a. Transportation
- b. Ease of access
- c. Affordability
- d. Lack of trust in Health Care Providers
- e. Access to technology
- f. Uninsured
- g. Underinsured
- h. Not a priority
- i. Other

5. What challenges keep your consumers from accessing care/support from other agencies/organizations?

(choose all that apply)

- a. Transportation
- b. Ease of access
- c. Financial Restraints
- d. Trust in Agency
- e. Access to technology
- f. Stigma
- g. Unaware of services
- h. Other

6. In your opinion, what programming or services in Rutland County has made the most impact on community health and why? (Open Ended)

7. Do you agree that the following topics are areas of need within our community?

(Please mark YES/NO after each of the following topics)

- a. Housing
- b. Childcare and Parenting
- c. Mental Health including Substance Use
- d. Supporting Aging Community

8. Please rank the following topics from 1, most important to 4 least important

- a. Housing
- b. Childcare and Parenting
- c. Mental Health including Substance Use
- d. Supporting Aging Community

9. What do you see as the biggest barrier to your consumers regarding housing? (Open Ended)

10. What do you see as the biggest barrier to your consumers regarding childcare and parenting? (Open Ended)

11. What do you see as the biggest barrier to your consumers regarding mental health? (Open Ended)

12. What do you see as the biggest barrier to your consumers regarding our aging population? (Open Ended)

13. What strengths do you see in our community related to housing? (Open Ended)

14. What strengths do you see in our community related to Childcare and parenting? (Open Ended)

15. What strengths do you see in our community related to Mental Health? (Open Ended)

16. What strengths do you see in our community related to Supporting our Aging Community? (Open Ended)

17. What challenges has your agency faced because of COVID-19? (Open Ended)

18. Before the pandemic what challenges (if any) did your agency face? (Open Ended)

Appendix D

Medical Providers Key Informant Survey Tool - View the Google Form at <https://forms.gle/wBqsafFNguEy2sd8A>

Health Care Provider Key Informant Survey Questions

As Medical Providers in our community, you have a unique perspective and understanding of specific populations and groups of people within Rutland County. Your knowledge and expertise about the health of individuals in our community is extremely important as we work to better serve Rutland County. This survey is aimed to help us understand how specific issues impact the health of your patients.

1. What are your credentials?

- a. MD
- b. NP
- c. PA
- d. Nurse
- e. Other (Write-in available)

2. What geographic location of Rutland County is your practice located?

- a. Rutland City
- b. North Western (Castleton, Fair Haven, Sudbury, West Haven, Hubbardton, West Rutland)
- c. North Eastern (Brandon, Proctor, Pittsford, Chittenden, Killington, Pittsfield, Mendon)
- d. South Western (Poultney, Wells, Pawlet, Tinmouth, Danby, Middleton Springs, Ira)
- e. South Eastern (Clarendon, Shrewsbury, Wallingford, Mount Holly, Mount Tabor)
- f. Other (Write-in Available)

3. From your experience, what barriers do your patients encounter when accessing health care? (Check all that apply)

- a. Uninsured
- b. Underinsured
- c. Affordability
- d. Transportation
- e. Access to internet/technology
- f. Trust in health care system
- g. Anxiety of diagnosis
- h. Discrimination
- i. Geographic Location
- j. Trust in health care providers
- k. Health not a priority
- l. Other

4. When looking at health trends, what do you think is the most alarming health issues for the following age groups in our community:

- a. Infants: (Open Ended)
- b. Children: (Open Ended)
- c. Teenagers: (Open Ended)
- d. Young Adults: (Open Ended)
- e. Middle Age Adults: (Open Ended)
- f. Older Adults: (Open Ended)
- g. LGBTQIAP: Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, Pansexual, Polysexual (Open Ended)
- h. BIPOC: Black, Indigenous, People of color (Open Ended)
- i. People with Disabilities (Open Ended)
- j. People with Mental Health Challenges (Open Ended)
- k. People with Chronic Disease (Open Ended)

5. From your experience what services are missing in our community that would help support our LGBTQIAP population?

6. From your experience what services are missing in our community that would help support our BIPOC population?

7. Do you agree that the following topics are areas of need within our community? (YES/NO/NOT SURE)

- a. Housing
- b. Childcare and Parenting
- c. Mental Health including Substance Use
- d. Supporting Aging Community

8. Are there other areas of need in our community that you have identified that do not fit in the above priority areas/populations? (Open Ended)

9. Please Rank the following topics from 1, most important to 4 least important (Open Ended)

- a. Housing
- b. Childcare and Parenting
- c. Mental Health including Substance Use
- d. Supporting Aging Community

10. In your opinion, how does a lack of or unstable housing impact patient health? (Open Ended)

Continued on next page →

Appendix D *Continued*

Medical Providers Key Informant Survey Tool - View the Google Form at <https://forms.gle/wBqsafFNguEy2sd8A>

11. In your opinion does a patient's housing situation impact their ability to access health care? (YES/NO/NOT SURE/OTHER)

12. Among our oldest Vermonters, what top three challenges do see impacting their health? (Please choose three)

- | | | |
|--------------------------------|----------------------------------|------------------------------|
| a. Chronic Disease | g. Medication Management | m. Mental Health Challenges |
| b. Isolation | h. Unable to Retire | n. Substance Use |
| c. Mobility | i. Discrimination | o. Lack of Caregivers |
| d. Access to Care | j. Disabilities | p. Inability to Age in Place |
| e. Affordability of healthcare | k. Transportation | q. Food Insecurity |
| f. Housing | l. Trust in Healthcare Providers | r. Other |

13. Please check all boxes related to why patients may NOT access mental health care services. (Check all that apply)

- | | | |
|--|---|-----------------------------|
| a. Stigma | e. Insurance will not support mental health services | h. Substance Use |
| b. Patient not aware of available services | f. We do not ask about mental health challenges/needs | i. Not enough time/capacity |
| c. Not a priority | g. Transportation challenges | j. Other (Open Ended) |
| d. Not enough providers/wait list | | |

14. In your opinion what barriers or challenges do parents/guardians face while trying to access care for their children? (Check all that apply)

- | | | |
|---|------------------------------------|-----------------------------------|
| a. Transportation | e. Parental/Guardian health issues | i. Availability of Specialty care |
| b. Affordability | f. Uninsured | j. Time constraints |
| c. Lack of trust in Health Care Providers | g. Underinsured | k. Not a priority |
| d. Access to technology | h. Wait time for appointments | l. Other |

15. From your experience what services are missing in our community that would help support children and parents? (Open Ended)

Appendix E

Community Contributions

Organization	Service	Population	Contribution
AHS State of Vermont	Improving outcomes	Children, adults, seniors, individuals with disability, low socioeconomic status	Participated in Community Leader Key Informant Survey, participated in focused conversations, provided data
Brandon Free Public Library	Library services	Community	Participated in Community Leader Key Informant Survey
BROC Community Action	Economic development, food and nutrition, housing, fuel/utility assistance, weatherization assistance, restorative justice	Community	Participated in Community Leader Key Informant Survey, participated in focused conversations,
Castleton Community Seniors	Community center	Seniors	Participated in Community Leader Key Informant Survey
Castleton University	Higher Education	Youth and adults	Participated in Community Leader Key Informant Survey, participated in focused conversations, provided data
Castleton University Upward Bound	High school to college transition	Youth	Participated in Community Leader Key Informant Survey, participated in focused conversations
Center for Health and Learning	Education and training in public health issues	Professionals working with community	Participated in Community Leader Key Informant Survey, participated in focused conversations, provided data
Chamber & Economic Development of the Rutland Region	Support regional economic growth	Community	Attended focused conversations
Come Alive Outside	Outdoor programming for community	Youth, seniors, and employee wellness	Participated in Community Leader Key Informant Survey, participated in focused conversations, provided data
Community Care Network	Child and family services, adult services, developmental services, senior services, substance use disorder services	Youth, individuals with disabilities, seniors, individuals with substance use disorder	Participated in Community Leader Key Informant Survey, participated in focused conversations
Community Health	Primary care, mental health care, substance use disorder	Community	Advisory Council, provided data, participated in Community Leader Key Informant Survey, distributed Medical Key Informant Survey, attended focused conversations, provided input
Community Health Care managers	Care management and service coordination	People with chronic conditions, disabilities, substance use disorder	Participated in Community Leader Key Informant Survey
Community Health Castleton	Primary care, mental health care, substance use disorder	All ages with health insurance	Participated in Medical Key Informant Survey
Community Health Mettowee	Primary care, mental health care, substance use disorder	All ages with health insurance	Participated in Medical Key Informant Survey
Community Health Pediatrics	Primary care	Children and adolescents with health insurance	Participated in Medical Key Informant Survey

Organization	Service	Population	Contribution
Community Health Rutland	Primary care, mental health care, substance use disorder	All ages with health insurance	Participated in Medical Key Informant Survey
Community Health Team RRMCC	Social work	Uninsured, women, children	Participated in Community Leader Key Informant Survey, participated in focused conversations, provided data
Fair Haven Concerned Inc.	Food and nutrition, fuel/utility assistance	Community	Participated in Community Leader Key Informant Survey
GMC Vermont Scouting	Youth development	Youth	Participated in Community Leader Key Informant Survey
Holistic Happiness	Wellness services	Community	Participated in Community Leader Key Informant Survey, participated in focused conversations
Homeless Prevention Center	Housing assistance	Precariously housed and homelessness	Participated in Community Leader Key Informant Survey, participated in focused conversations, provided data
Mentor Connector	Mentoring, youth and family development	Youth and Families	Participated in Community Leader Key Informant Survey, participated in focused conversations, provided data
NAACP - Rutland Branch	Addressing racism, bias, discrimination	BIPOC	Participated in Community Leader Key Informant Survey
NeighborWorks of Western Vermont	Housing services, weatherization	Seniors, community	Participated in Community Leader Key Informant Survey
NewStory Center	Interpersonal violence, housing	Individuals and Families	Participated in Community Leader Key Informant Survey, participated in focused conversations
Parent-Child Center of Rutland County	Childcare, parent education and support, children's integrated services, building bright futures, reach up, learning together, play groups, strengthening families	Youth and families	Participated in Community Leader Key Informant Survey, participated in focused conversations
Project Vision	Community Initiative	Rutland County	Hosted focused conversations, distributed
Rutland City Police Department	Law enforcement	Rutland City	Provided Data
Rutland City Public Schools	Education	Youth and families	Participated in Community Leader Key Informant Survey, participated in focused conversations
Rutland Community Cupboard	Food and nutrition	Community	Participated in Community Leader Key Informant Survey, participated in focused conversations
Rutland Community Programs: HeadStart Early Care and Education	Childcare, education, parent support	Low socioeconomic status, children, families	Participated in Community Leader Key Informant Survey, participated in focused conversations
Rutland Dismas House	Housing	Recently incarcerated	Participated in Community Leader Key Informant Survey, participated in focused conversations

Organization	Service	Population	Contribution
Rutland Free Library	Library services	Community	Participated in Community Leader Key Informant Survey, participated in focused conversations
Rutland High School	Education	Youth and families	Participated in Community Leader Key Informant Survey
Rutland Housing Authority	Housing	Low income, homeless	Participated in Community Leader Key Informant Survey, participated in focused conversations
Rutland Housing Authority/SASH	Coordinated care for independent living	Seniors and medicaid recipients	Participated in Community Leader Key Informant Survey
Rutland Jewish Center	Religious	Community	Participated in Community Leader Key Informant Survey, participated in focused conversations
Rutland Mental Health Services	Mental health care, community access program, crisis response	Individuals with disabilities, adults and children	Participated in Community Leader Key Informant Survey, participated in focused conversations
Rutland Probation and Parole	Support individuals recently released from correctional facilities	Former inmates	Participated in Community Leader Key Informant Survey
Rutland Recreation and Parks	Recreation	Rutland City Community	Participated in Community Leader Key Informant Survey, participated in focused conversations
Rutland Regional Medical Center	Medical specialty, mental health, substance use, emergency, inpatient, surgical, psychiatric, cancer care	Community	Advisory Council, provided data, participated in Community Leader Key Informant Survey, facilitated focused conversations
Rutland Regional Planning Commission	Planning services for towns and communities	Rutland County	Participated in Community Leader Key Informant Survey, participated in focused conversations
Slate Valley Trails	Recreation	Community	Participated in Community Leader Key Informant Survey,
Slate Valley Unified School District	Education	Youth and families	Participated in Community Leader Key Informant Survey
Southwestern Vermont Council on Aging	Mental health	Seniors, caregivers	Participated in Community Leader Key Informant Survey, participated in focused conversations
The Tapestry & EPIC Programs serving RCPS and GRCSU	Childcare, afterschool, education	Youth	Participated in Community Leader Key Informant Survey, participated in focused conversations
Turning Point Center of Rutland	Substance use recovery	Individuals with substance use disorder, families	Participated in Community Leader Key Informant Survey, participated in focused conversations, provided data
UVM Extension 4-H	Youth development	Youth	Participated in Community Leader Key Informant Survey, facilitated focused conversations
United Way of Rutland County	Funder, collaborative partnerships with community agencies	Community	Participated in Community Leader Key Informant Survey, participated in focused conversations, provided data

Organization	Service	Population	Contribution
Vermont 2-1-1	Help and resource line	Community	Participated in Community Leader Key Informant Survey, participated in focused conversations, provided data
Vermont Dept of Health (WIC)	Financial support, WIC, health insurance, alcohol and drug addiction programs, emergency management, COVID response	Community, low income families and children	Advisory Council, provided data, distributed medical key informant survey, attended focused conversations, provided input
Vermont Farmers Food Center FaBEL	Food and nutrition, education, farmacy	Community, low-income, children and families	Participated in Community Leader Key Informant Survey, participated in focused conversations, provided data
Vermont Veterans Outreach Program	Service connection for people who have served in US military	Veterans	Participated in Community Leader Key Informant Survey, participated in focused conversations
West Ridge Center	MAT, counseling, substance use disorder treatment	Individuals with substance use disorder	Participated in Community Leader Key Informant Survey, participated in focused conversations, provided data
Wonderfeet Kids' Museum	Youth education and parental support	Children and families	Participated in Community Leader Key Informant Survey, participated in focused conversations

Appendix F

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